

**ALABAMA BOARD OF NURSING
P. O. BOX 303900
MONTGOMERY, ALABAMA 36130-3900**

Prescription Verification

Licensee Information	Select Compliance Monitor
NAME:	<input checked="" type="checkbox"/> VDAP Telephone: 334-293-5228 Fax: 334-293-5201 e-mail: abn@abn.alabama.gov
LICENSE #:	<input type="checkbox"/> Probation Telephone: 334-293-5229 Fax: 334-293-5201 e-mail: abn@abn.alabama.gov
CASE #:	2018-0000

Instructions: The nurse named above is monitored by the Alabama Board of Nursing as a participant in either the Voluntary Disciplinary Alternative Program (VDAP) or Probation/Disciplinary Monitoring. The applicable Board program is checked above.

This form acknowledges that your patient has informed you of the reason(s) that he/she is being monitored by the Alabama Board of Nursing. Please list the prescribed and over-the-counter medications which you believe are medically appropriate and necessary, despite the patient's history. All areas of the form must be completely filled out for prescribed and over-the-counter medications.

Date Prescribed/ Authorized	Medication Prescribed	Directions for Use	Dispensed	Refills	Reason for Medication
7/23/2018	Tramadol 50mg	Take one pill by mouth every 6 hours as needed for pain	15	0	Back pain/bulging disk
7/23/2018	Synthroid 25mcg	Take one pill by mouth daily	90	3	Hypothyroidism
7/23/2018	Benadryl 50mg	Take one pill every 6 hours as needed for itching	90	1	Allergic reaction

Signature of Person Completing the Form: A Jones RN

Name of Prescriber (please print): J Smith MD

Signature of Prescriber: J Smith

Signature of Authorizing Health Care Provider: J Smith

Mailing Address & Telephone: 1234 1st St Montgomery, Alabama. 334-205-1111

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INSTRUCTIONS

TO: Prescriber

FROM: VDAP / Probation

The nurse requesting you to complete this form is monitored by the Alabama Board of Nursing as a participant in either the Voluntary Disciplinary Alternative Program (VDAP) or Probation/Disciplinary Monitoring. As part of the monitoring, the nurse is required to provide documentation of ALL MEDICATIONS he/she is prescribed to take this includes Over-the-Counter medications.

1. The form must be completed at the health care provider's location, and the form may be mailed OR faxed to the Board of Nursing.
2. If any part of the form is completed by office staff, the signature of that person must be in the space provided.
3. The ORIGINAL signature of the provider is required.
4. If any information is omitted or illegible, the form will be returned.

The Board of Nursing believes a nurse should receive any treatment deemed medically necessary. However, monitored nurses should avoid certain medications, and continued use of certain medications may require additional justification and documentation.

The Board's reference for use of medications in monitoring nurses is *Medication Guide Version 1.7*, which may be found at <http://www.paulearley.net/download/medication-guide/file>.

Your cooperation and assistance in these matters is appreciated.